

# SCHEDULING REQUEST FORM

THIS REQUEST WAS RECEIVED \_\_\_\_\_ IN PERSON \_\_\_\_\_ BY PHONE \_\_\_\_\_ BY E-MAIL

**Note:** There will be no events during Mass, Holy Days, Feast Days or other Sacramental Hours (5pm Saturday Mass, 8:00, 9:30am, 11:30am Sunday Masses); or  
All Day August 15th                      All Day December 8<sup>th</sup>                      All Day December 24<sup>th</sup> & 25<sup>th</sup>  
After 6:00pm December 31<sup>st</sup>                      Not before 1:00pm on January 1<sup>st</sup>                      All Day Holy Thursday  
All Day Good Friday,                      All Day Holy Saturday                      All Day Easter Sunday  
1<sup>st</sup> Communion                      Confirmation

TODAYS DATE \_\_\_\_\_ EVENT: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

1ST FACILITY CHOICE: \_\_\_\_\_ # PERSON IN ROOM: \_\_\_\_\_

2<sup>ND</sup> FACILITY CHOICE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

EXACT DATES NEEDED: \_\_\_\_\_

EXACT BEGINNING TIME: \_\_\_\_\_ EXACT ENDING TIME: \_\_\_\_\_

SET UP : \_\_\_\_\_ MINUTES      CLEAN UP TIME: \_\_\_\_\_ MINUTES

FREQUENCY: (One time, Weekly, Monthly, 1<sup>st</sup> of every month): \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TODAYS DATE: \_\_\_\_\_

**Form must be Signed & Dated**

Return form to Church Office. You will be contacted if we have any changes to the schedule you requested. If you have any changes/cancellations please be courteous and notify the Church Office.

FOR OFFICE USE ONLY

DATE RECEIVED REQUEST \_\_\_\_\_ PRIORITY \_\_\_\_\_

SCHEDULED \_\_\_\_\_ DATE SCHEDULED \_\_\_\_\_

CONFIRMED VIA E-MAIL \_\_\_\_\_ DATE E-MAILED \_\_\_\_\_

CONFIRMED VIA PHONE \_\_\_\_\_ DATE PHONED \_\_\_\_\_